

JAN 9 1942 754  
Registration District No. 754

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute St. Louis County Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 20  
years, months or days)

3. (a) PRINT FULL NAME Clara Rabushka

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Nathan Rabushka 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Unk)  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ab. 60 hr. min.

9. Birthplace Volhynia Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Gershon Figler  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Brana Leah (unk)  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant H. Rabushka  
(b) Address 760 Yale

17. (a) burial (b) Date thereof 12/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial  
(b) Address 4715 McPherson

19. (a) DEC 28 1941 (b) Ed. McPherson  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 6612 Clemens  
Alien # (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1928, to Sept, 1940  
that I last saw him alive on Sept., 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease Myocarditis Chronic Duration 12 yrs.  
12 yrs.

Due to \_\_\_\_\_  
Due to Q3 d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury 1

23. Signature Gershon M. Meyer (M. D. or other) M.D.  
Address 508 N. Grand Date signed 12/28/41

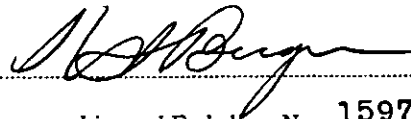
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.